



# THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

## PH Nurse's Role in the Delivery of School Health Services

- contributed by Viola Brown,  
ARNP

As state director of public health nursing, I was asked to represent the Department for Public Health on the Legislative Task Force on Health Services in Schools. In September, each local health department director, or director of nursing was asked to send me a one page summary of all public health nursing and related services that are delivered in their county's public elementary, middle, and secondary schools.

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The response was overwhelming, and I appreciate your support. The following article contains information that I presented to the Legislative Task Force on Health Care Services in Schools, October 1, 1998:

### History of Public Health Nursing

In 1918, the Public Health Nursing Act was passed by the Kentucky General Assembly to provide state aid to any county, Tuberculosis district, or public or private organization not operated for profit, which employed a visiting registered nurse for the cure and prevention of tuberculosis and other diseases; and to render aid in time of war or emergency to the sick, afflicted, injured or distressed from any cause, under the

supervision and direction of the state board of health.

Two years later, the Bureau of Public Health Nursing in the State Board of Health was created by an Act of the General Assembly and organized for the purpose of establishing county public health nursing in cooperation with county Boards of Health, and for supervising public health nursing practice. By 1922 sixty-eight (68) nurses were working in forty (40) rural counties, visiting the indigent sick, organizing and holding public health clinics, providing inspections of public school children, with follow up visits to assure the correction of physical defects, and providing health information, education and literature on disease prevention.

It was easy to demonstrate the benefits of public health nursing during the first quarter of the century when vaccines were not available to prevent smallpox, diphtheria, tetanus/lock-jaw, pertussis/whooping cough, polio, measles, mumps, and rubella.

Even now, some of us have “riding on the back roads of our memories,” the smell of alcohol-soaked cotton balls in glass containers, the sight of long rows of sharp pointed needles and glass syringes, the anxiety filled expression on the face of the kid in the front of the line, and the reassuring smile and touch of the public health nurse. **It was “Shot Day!”**

This vision of public health nursing and public health is stamped indelibly in the memory of many citizens, yet, the role of the public health nurse (PHN) is, and has always been much more.

The term “public health nurse” was first used when visiting nurses provided direct care to the sick in their homes. The nurse not only cared for the ill, but also taught families basic hygiene, sanitation, and health practices.

Public health nursing is not the same as school health nursing although some public health nurses practice within school settings and provide similar nursing functions. The practice of public health nursing is neither limited to personal or individual health care nor to a particular location (even though most federally funded categorical

programs are now carried out in local health department clinics).

Public health nursing is a population focused, community oriented practice directed toward the prevention of disease and disability for all by creating conditions in which people can be healthy. A recent survey of local health department nurses reveals that the following activities create such conditions for school children:

- ❖ preventive examinations (Well Child, EPSDT)
- ❖ immunizations
- ❖ preventive screenings (hearing, vision, head lice, dental, scoliosis)
- ❖ crisis intervention
- ❖ referrals to medical/other providers
- ❖ home visiting
- ❖ Epidemiological investigation and reporting of outbreaks of communicable diseases and/or foodborne illnesses
- ❖ limited management of chronic, acute and emergency conditions
- ❖ evaluation, treatment, referral and/or follow-up for TB and STD
- ❖ classroom instruction in family life, postponing sexual involvement, and reducing the risk health education and counseling about behavioral risk reduction in regards to: *cigarette smoking, drug and alcohol abuse, youth violence and conflict resolution, unintentional injuries, seat-belt use,*

*sexually transmitted diseases, infectious and communicable diseases, exercise, weight control and health screenings.*

**Vision of the Cabinet for Health Services / Department for Public Health / Public Health Nursing**

Nearly fourteen hundred (1400) public health nurses, the Cabinet for Health Services, and the Department for Public Health **envision** a Kentucky where citizens live in a safe and healthy environment and have access to a health system that promotes wellness, treats illness and delivers high quality, cost efficient mental and physical health services.

**Goals of the Cabinet for Health Services and Impact on Public Health Nursing Services**

For the next few paragraphs, I will review three of six Cabinet for Health Services’ **goals** and the impact each may have on public health nursing practice.

- A. Implement a health care delivery system for Kentucky Medicaid beneficiaries that emphasizes preventive and primary care and brings budget stability to the program.

**Medicaid Managed Care Partnerships** and the **Kentucky Children’s Health Insurance Program (KCHIP)** are expected to provide a medical home for Medicaid eligible recipients and for all children up to

200% of poverty. The implementation of these programs provides unique challenges and opportunities for local health departments and public health nurses to assure that the health needs of school age children are met.

Local health departments will continue to focus on core public health activities. Public health nurses, who have always been a fundamental and integral part of delivering health services, will continue that role into the future.

- B. Create a strategic plan for the future of Public Health in Kentucky that encourages citizens to be responsible caretakers of their own health and identifies the core public health activities that will promote Kentuckians' growth and development.

The **Kentucky Public Health Improvement Plan** has been published and distributed to legislators and citizens at large. The plan clearly **defines public health** as the art and science of preventing disease, prolonging life, and promoting physical health and efficiency through organized community effort. The Plan also describes the **Core Functions of Public Health** (assessment, policy development, and assurance) and the **Ten Essential Services of Public Health**:

- monitor health status to identify community problems;
- diagnose and investigate community health problems/hazards;
- inform, educate, and empower people about health issues;
- mobilize community partnerships and actions to identify/solve health problems;
- develop policies and plans that support individual/community health efforts;
- enforce laws and regulations that protect health and ensure safety;
- link people to needed personal health services and assure provision of health care when otherwise unavailable;
- assure a competent public health and personal health care workforce;
- evaluate effectiveness, accessibility, and quality of personal and population-based health services; and
- research for new insights and innovative solutions to health problems.\*

(\*Source: Essential Public Health Services Workgroup of the Core Public Health Functions Steering Committee, American Public Health Association, September, 1994)

Public health nurses, physicians, epidemiologists, nutritionists, health educators, social workers, environmentalists, laboratory technologists and others, to assure an environment where people can be safe and healthy, implement the following activities:

- Public health education
- Public health risk reduction
- Regulations and laws (environmental & medical)
- Communicable disease control
- Health policy
- Surveillance
- Disaster preparedness

Local health nurses in 120 counties, using 400-service delivery sites carry out most of these activities. Two hundred (200) of the service delivery sites are in elementary, middle school, and high school facilities. My data are incomplete concerning activities that occur in 600 Family Resource Centers throughout the state.

- C. The third goal is to support a comprehensive array of services and support for children and adults with special health care needs.
- The public health team participates in Community Assessment at the local level to identify health needs.
  - The nurse works in collaboration with

school administrators, teachers and others to identify sub-populations at risk for disease/disability.

- The team collects and disseminates pertinent data to appropriate others for interventions to special problems.
- The nurse participates in defining and evaluating strategies and programs to support families of children with special health care needs.
- The nurse, health educator, registered dietician and others act as information givers, health educators, client advocates, and/or providers of direct services when other alternatives are not available.

The Plan also lists priority issues based on the goals of *Healthy Kentuckians 2000* and I have extracted the issues relating to child health and adolescent health:

- Teenage pregnancy and low birth-weight babies
- Infant and child deaths
- Immunizations for children
- Disability and premature death of children and youth
- Lifestyle activities, including physical fitness and exercise; nutrition; sexual practices; use of tobacco, alcohol, and illegal

substances; and seat belt use

- Access to primary care, especially in rural and inner city area
- Access by both private and public health providers to health and health-related information
- Environmental health, food safety, and communicable disease control.

### **Conclusion**

Public health nurses, health educators, nutritionists, physicians, medical technologists, environmentalists, administrators, support staff, epidemiologists, health planners and other members of the public health team work in collaboration with local communities, schools, FRC/YSC, churches, and other groups to prevent disease and disability not only for school children, but for all Kentuckians. We will, even in the midst of change, fulfill the mission and goals of public health. We will create conditions in which people can be healthy.

## **ACH Anecdotes**

### **Gilbert H. Friedell, MD, Receives American Cancer Society Humanitarian Award:**

The American Cancer Society (ACS) presented its prestigious Humanitarian Award to **Gilbert H. Friedell, MD** of Lexington, Kentucky on November 15 at its Awards Luncheon during the Annual Meeting at the Atlanta Marriott Marquis Hotel. The

ACS presents its Humanitarian Award for dedication to the improvement of cancer control and for genuine accomplishment in human welfare. Dr. Friedell's initiatives on behalf of the poor and underserved exemplify both.

The Award was presented by Jennie Cook, ACS Chairman and reads: "For his vision in recognizing the changing nature of human and financial resources available to help the poor with cancer problems and for recognizing the potential in community collaboration; for his leadership and insight that have enabled almost 1,000 health and cancer outreach workers from competing agencies to work together to control cancer in underserved populations; and for his initiatives on behalf of the poor and underserved that have saved countless numbers of people with cancer in Appalachia and the rural South."

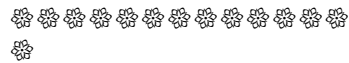
Dr. Friedell is Director Emeritus of the University of Kentucky Markey Cancer Center and the head of the Kentucky Cancer Registry and the National Cancer Institute's Region 9 Cancer Information Service (CIS), which serves Kentucky, Arkansas, and Tennessee. Until his retirement in July, Dr. Friedell served as Director for Cancer Control at the Markey Center and Co-Director of the Kentucky Cancer Program, which includes the Registry and the Region 9 CIS.

Dr. Friedell's career has been marked by an extraordinary dedication to public service. He

supported and helped draft legislation that increased access to breast cancer screening for women in Kentucky. His leadership and vision also led to the creation of community cancer control programs, such as the Mountain SC-Out program, which trained residents of remote communities to educate their peers about cancer.

The ACS is the nationwide community-based volunteer health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer, through research, education, advocacy, and service.

*- submitted by Joann Schellenbach, ACS*



## **WORDS OF WISDOM FOR WOMEN**

### **A New Approach to the Traditional Pap Smear:**

The American Cancer Society estimates that almost 16,000 women will be diagnosed with cervical cancer this year and almost 5,000 will die of cervical cancer. If detected in the earlier pre-cancerous stage, this cancer is nearly 100% curable. While women between the ages of 30-40 are at highest risk

for cervical cancer, women 65 and older account for one-fourth of newly diagnosed cases each year.

It was considered a great triumph when Dr. George Papanicolaou developed the first test for cervical cancer in the 1940s. Named for its founder, the Pap Smear became a routine test among women of childbearing age and has been instrumental in reducing the number of cervical cancer deaths around the world. Despite its widespread use, the Pap Smear is not without limitations.

In the conventional Pap Smear method, the clinician obtains a sample of cervical cells from the patient and smears them onto a microscopic slide, which is later sent to a cytology laboratory for reading. Only about 20% of the collected cells are used in the analysis. The cells that are smeared on the slide can be clumped or obscured by blood and inflammation, making an accurate diagnosis more difficult. Inconclusive results create a need for additional clinic visits, repeat tests, unnecessary colposcopies, and increased health care

costs. It is estimated that over 90% of false-negative results are due to sampling and preparation errors.

In May 1996, the FDA approved a new test for cervical cancer known as ThinPrep. ThinPrep is marketed by Cytoc and is FDA approved as "significantly more effective" than the traditional Pap smear. The ThinPrep method requires collection of the cervical cell sample in the traditional method but instead of smearing the cells onto a slide, the collection sample is rinsed in a vial of preservative solution. It is then sent to a lab where it is processed and slides are prepared with a single layer of cells, making interpretation easier and more accurate. According to Cytoc, this newer technique reduces the number of less than adequate specimens by more than 50%, and improves detection of low-grade lesions by 65%.

The primary deterrent of routinely using the ThinPrep method instead of the traditional Pap Smear is cost. Cytoc continues to influence HMOs and the medical community on the advantages of the

ThinPrep and the long-term cost savings. Kentucky's Medicaid program and many insurance companies do reimburse for this test. Pathology and Cytology Laboratory in Lexington as well as other in-state labs offer the ThinPrep test. Pathology and Cytology Lab charges \$50.00 for the new test, while their charge for a traditional Pap Smear is \$25.00. If clinics are interested in offering ThinPrep the price would need to be negotiated with the lab performing the test (as we currently do for conventional Pap Smears). The traditional Pap Smear is still considered the standard of care but it is thought this newer test will eventually be widely accepted and, as a result, the price will decrease.

- submitted by Trisha Mullins, Certified Nurse-Midwife, Women's Health Consultant



## Epi Epistles

### Four "Epi" Rapid Response Team Members Celebrate Tenth Anniversaries:

*The "Epi" Rapid Response Team was formed in 1987 to assist with the investigation and control of disease outbreaks which periodically occur across the state. Its membership of trained*

*"Responders" now stands at 76 members. New members can be added to the roster through participation in a rigorous training course given by the Division of Epidemiology and Health Planning or by carrying out an epidemiologic investigation under Division supervision. Except for the ten state staff, all the members are employed by local health departments and receive no additional compensation for team duties.*

On September 23, the "Epi" Rapid Response Team Annual Conference was held at KY Dam Village State Resort Park. Four members of the team were recognized for their contributions and accomplishments in the areas of prevention and investigation of communicable diseases for the past ten years. Two large cakes were served commemorating the occasion and each was presented with a Certificate of Appreciation.

We on the team thank them and congratulate them for all they have done in the area of communicable disease control and prevention during the past ten years.

Clarkson Palmer, MD, MPH, received a Certificate of Appreciation for his eight years of service to the team.

For a complete list of "Rapid Responders," see the October issue of "Epi Notes."

*-submitted by Peggy Wright and Barbara Sonnen, Division of Epidemiology and Health Planning*

## Staff Spotlight

### Smokefree Workplaces Recognized in the City of Edgewood:

The City of Edgewood, a self-proclaimed "Smoke Free Community," and member of the Northern Kentucky Tobacco Prevention Team, will recognize smokefree workplaces on November 19, 1998 as an activity of the Great American Smokeout. City Administrator, Lou Noll, on behalf of the team, will present the following Edgewood worksites with a framed certificate: the Office of Richard Broering, D.M.D., Peoples Bank of Northern Kentucky, Action Dispatch, Semper Paper Company, Northern Kentucky Health Department, Northern Kentucky Technical College, and St. Elizabeth Medical Center, South Unit.

Edgewood passed a resolution in July 1997 to become the first "Smoke Free Community" in the Commonwealth. Lou Noll, Edgewood City Administrator commented, "We hope by recognizing these seven worksites, more Edgewood businesses will follow suit."

"Although we had many successful activities to help Edgewood become smokefree this past year, the Northern Kentucky Tobacco Prevention Team is dedicated to working with Edgewood until it is truly 'Smoke

Free’,” stated Joyce Swetlick, Tobacco Prevention Coordinator, Northern Kentucky Health Department. “We are willing to work with businesses in Edgewood and elsewhere to assist them in becoming smokefree.”

A smokefree workplace can enhance productivity in two ways: by reducing the effects of secondhand smoke on nonsmokers, and by reducing excess smoking-related absenteeism among smokers who are motivated to quit as a result of a smokefree policy. For small businesses, especially those that have employees who handle a variety of tasks, reduced absenteeism can greatly increase productivity.

Numerous studies exist to substantiate the benefits of smoking cessation. A smoker who quits smoking could save employers an estimated \$960 in excess illness costs each year. Persons who quit smoking before age 65 are estimated to save from 40% to 67% of the lifetime excess medical costs compared to persons who continue to smoke.

The Northern Kentucky Tobacco Prevention Team is also recognizing three other smokefree businesses outside of Edgewood on November 19, 1998: BAWAC in Boone County, Fischer Homes in Crestview Hills, and Suburban Lodge of Florence. For times and locations, or further information, call Joyce Swetlick at (606) 341-4264.

*- submitted by Peggy Patterson,  
Northern KY Health Dept.*

## **Training Tidbits**

### **RTC Training Courses – FY99**

The Emory University Regional Training Center, Atlanta, GA, will provide fourteen (14) course offerings during fiscal year 1999 (July 1, 1998 – June 30, 1999). All fourteen (14) offerings along with registration and course content have been forwarded to District Training Contacts and LHD Administrators. Any LHD employee wishing to attend these offerings should contact their District Training Contact or LHD Administrator for course content and registration forms. Course dates, locations, and titles are listed below.

Dec. 4, 1998      Lexington  
- Common GYN Problems

Dec. 11, 1998    Bowling Gr.  
- Current Reprod. Health  
  Issues for RNs

April 23, 1999    Louisville  
- Assisting Clients To Change

April 30, 1999    Lexington  
- HIV/AIDS Update

May 7, 1999      Frankfort  
- Linking Quality Services \*

May 14, 1999    Owensboro  
- Orientation for New F.P.  
  Nurses

May 21, 1999    Lexington  
- Creating An Efficient Clinic

June 4, 1999      Bowling Gr.  
- Adolescent Health Issues

June 18, 1999    Morehead  
- Postponing Sexual  
  Involvement

June 24, 1999    Lexington  
- Pharmacology Update for  
  Clinicians

June 25, 1999    Lexington  
- Current Reproductive Health  
  Issues for Clinicians

**\*DISTANCE LEARNING  
EVENT – 4-5 Downlink sites**

### **Video / Audio Tapes ALERT:**

If you have any outstanding video or audiotapes on loan for more than three weeks, please return them to me at the address given in the Editor’s Note. Thank you for your cooperation.

### **EDITOR’S NOTE:**

Please submit articles, staff spotlight nominees, or suggestions for the newsletter to: Sandy Williams, Editor DPH – Training Branch 275 East Main St. Frankfort, KY 40621  
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**HAPPY THANKSGIVING!**